NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Ck# 3086

Date of Notification (1) Name of Building Owner / Operator (2) 7/13/16 Verizon Agencies Notified Type Notification Street Address \boxtimes **EPA** 95 William Street DEP Initial City, State & Zip Code DOL Ø Amended #2-8/31/16 Newark, NJ \boxtimes DOH Emergency Name of Contact Telephone Number Cancellation DCA Alex Baylor **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Market Central Office** School (K-12) Street Address Subchapter 8 (Other than K-12) 95 William Street Other (i.e. private & commercial buildings, homes, etc.) # of Floors Square Feet Bldg. Age City (5) County (6) County Code (7) 425000 70+/-Newark Essex Current Use (Prior if being demolished) Communications Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) USA Environmental Inc. **BRISTOL ENVIRONMENTAL INC** Street Address Street Address 8436 Enterprise Avenue 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Philadelphia Pa 19153 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **Mark Jenkins** 215-365-5810 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/27/16 9/1/16 BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET X Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 5 pm - 1:30 am BRISTOL, PA 19007 **Facility Occupied During Abatement** Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure X ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Normally Used Asbestos-Containing Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Maintenance or Removal (i.e., thermal systems Repair in Facility **Custodial Staff?** insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A 1st Floor Generator Room **Transite Panels** 2800 SF 1st Floor Generator Room Pipe Insulation 275 LF 1st Floor Generator Room **Transite Bus Duct** 150 SF 1st FL Hallway Adjacent to Generator Vat/Mastic 200 SF 1st FI Corridor adjacent to generator rm X Pipe insulation 165 LF 1st Floor switch board room M Vat/mastic 135 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT GROUP, INC. 20990 75 MINERVA LANDFILL City, State Disposal Date City, State **NEW CASTLE, DE 19720 TBD WAYNESBURG, OH 44688** Completed By (Print or Type) Title Signature Date ²atrick T. DeCaro PROJ. MGR. atrick P. DeCaro 7/13/16

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EW CASTLE, DE 19720						Disposal Date TBD								
ompleted By (Print or Type)			Title	Δ		Signature	WALINESB	UKG, U	T 44688					
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